

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2006 08:00 AM -Secretary of State DOCUMENT # S98908 FACTORY TILE WAREHOUSE, INC. Principal Place of Business Mailing Address 992 N. SEMORAN BLVD. 992 N. SEMORAN BLVD. ORLANDO, FL 32807 ORLANDO, FL 32807 05022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4 FFI Number Applied For 59-3094463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, WILLIAM J DO NOT WRITE 992 N. SEMORAN BLVD. ORLANDO, FL 32807 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DIAZ, WILLIAM J NAME 1105 PHEASANT CIRCLE STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 U00000561559 05/19/06-80017-023 150.00 TITLE GAINZA, IGNACIO NAME STREET ADDRESS 1105 PHEASANT CIRCLE CITY-ST-ZIP WINTER SPRINGS, FL 32708 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-Zi₽

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with anyaddress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 15T 2006

407-282-0999

Daytime Phone #

**FILED**